



Transportation YOU DC Youth Summit 2012

Dear Transportation YOU Participant,

I would first like to thank you for your support and agreement to participate in the 2012 Transportation YOU DC Youth Summit to be held in Washington DC from March 28, 2012 to April 1, 2012. As the Summit draws near, various federal buildings are requesting clearance information about the participants. Enclosed you will find a consent form for a criminal conviction check which must be filled out by all participants 17 years of age and older and a release form allowing WTS and its program affiliates to use the information. This check will satisfy the requirements set forth by the federal buildings that will be accessed during the Summit including the Capitol, White House, and Dulles Airport.

Transportation Technology Transfer Services (T3S), housed within the Glenn Department of Civil Engineering at Clemson University, has partnered with WTS and the US Department of Transportation to aid in logistical preparations for the 2012 Transportation YOU DC Youth Summit. As part of this agreement, T3S will be conducting the background check through the university channels. Enclosed are the forms which must be filled out to satisfy the informational needs for the background check. Throughout the form, there are several references to employment. In this instance, employment is referring to participation in the Transportation YOU program.

Upon completion, the forms must be mailed or faxed to the address below by **March 1, 2012**:

Summer Priddy
Transportation Technology Transfer Service
125 Lowry Hall
Clemson, SC 29634
Phone: (864) 656-4183
Fax: (864) 656-2670

If you are faxing your information, please call (864) 656-4183 prior to transmitting to ensure a timely receipt. If you do not wish to transmit your social security number by fax, please fill out the remaining information and call our secure voicemail system number listed above to provide your social security number over the phone.

Sincerely,

Summer Priddy

Enclosed



TRANSPORTATION TECHNOLOGY TRANSFER SERVICE

Glenn Department of Civil Engineering Lowry Hall Box 340911 Clemson, SC 29634-0911

Phone: 864.656.6141 Toll Free: 888.414.3069 Fax: 864.656.2670

e-mail: spriddy@clemson.edu Internet: www.transportationyou.org

Clemson University Consent Form - Criminal Conviction Check
OFFICE OF HUMAN RESOURCES POLICIES AND PROCEDURES

Applicant Information (Please print or type)

All the names you use or have used

Last	First	Middle	Maiden

Social Security #	Date of Birth	Gender	Race

Physical Addresses: Present and Former Physical Addresses (where you have resided for two consecutive years)
(No Post Office Boxes)

Address	City /State	Zip	Dates: From	To

Have you ever been convicted of any unlawful offense, other than a minor traffic violation? ☐ No
☐ Yes **(A criminal conviction does not necessarily disqualify an applicant for employment consideration. Making untrue statements or otherwise failing to report criminal conviction will disqualify an applicant for consideration of that or any position at the University for a period of 12 months or longer for falsification of an application.)**

If yes, list the date of all conviction(s) and crime(s) for which you were convicted regardless of how minor or how long ago it may have been. **NOTICE: We conduct criminal conviction checks. Attach additional page if needed.**

Date	Location (county/state)	Crime

Are you in default on any of the following types of student loans: **National Direct Student Loan, National Defense Student Loan, Nursing Student Loan, Health Professions Student Loan, Law Enforcement Loan, or Guaranteed (Federally Insured) Student Loan?** ☐ Yes ☐ No

If yes, attach copy of repayment arrangements agreed upon by creditor.

I hereby authorize Clemson University Office of Human Resources and/or its agents to make an independent investigation of my background, references, employment, education, credit history, and criminal or police records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application or Resume and/or obtaining other information which may provide evidence to my qualifications or suitability for employment, promotion, transfer/reassignment or retention as an employee. I release Clemson University

Candidate Initials: _____

and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources.

I understand that I will be given opportunity to respond to any incorrect information provided by the company conducting the investigation. **In addition, I understand that it is the obligation of the employer to notify me if information contained in the consumer credit report is being used to deny me employment.**

I hereby certify that all information I have provided on this form, employment application, resume and/or other submissions is true and complete to the best of my knowledge and belief. I understand that by admitting to a conviction for any unlawful offense, I will not be automatically disqualified from consideration for employment. I understand that false or misleading information or documentation, or an omission or failure to include all relevant information, may result in rejection of my application, action up to and including termination if hired, and/or criminal prosecution. If hired, I understand the university may terminate me if false or misleading information is given in order to meet the requirements for the position involved.

SIGNATURE _____ DATE _____

TO BE COMPLETED BY DEPARTMENT CONTACT - THIS PERSON WILL BE NOTIFIED OF RESULTS

NAME	DEPARTMENT NAME	EMAIL ADDRESS	PHONE
<p>Applicant's Education Level: <input type="checkbox"/> High School <input type="checkbox"/> Some College or College Grad.</p> <p>Employee status: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Intermittent</p> <p>Funding Source (Circle One): E&G or Other</p> <p>Please list account number: _____</p>			
Department/Position Number/Job Opening #: _____/_____/_____			

HR BACKGROUND INVESTIGATOR VERIFICATION:

DATE CRIMINAL CONVICTION CHECK PERFORMED: _____	NO ADDITIONAL CRIMINAL CONVICTION(S) FOUND: _____	ADDITIONAL CRIMINAL CONVICTION(S) FOUND: _____
DATE CRIMINAL CONVICTION CHECK REQUESTED: _____		DATE DEPARTMENT NOTIFIED WITH RESULTS: _____
NOTIFIED BY: EMAIL OR PHONE		

**AUTHORIZATION TO RELEASE RESULTS
OF
CRIMINAL BACKGROUND INVESTIGATION**

I, _____, the undersigned Transportation
YOU Participant, do hereby authorize Clemson University to release the results of any criminal
background check on myself to representatives of the **WTS Transportation YOU Summit** and
hereby waive and release Clemson University and its employees and agents for any liability
associated with said release of information. I further understand that in the event that I withhold
authorization to release this information or in the event that any criminal background check
reveals convictions or pleas of nolo contender for any offense, the Authority may refuse to allow
me to participate in said clinical activities.

My signature below indicates my understanding of the terms of this authorization and my
voluntary consent for Clemson University to do so.

Signature

Date

Witness